

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2017 FOR THE TOWN OF ARLINGTON ENROLLEES

Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	15%	83.20	199.68
Fallon Health Select Care (Closed to New Members)	15%	110.56	265.33
Harvard Pilgrim Independence Plan (Closed to New Members)	20%	164.85	402.22
Harvard Pilgrim Primary Choice Plan	15%	93.10	227.18
Health New England	15%	82.22	203.85
NHP Prime (Neighborhood Health Plan)	15%	83.11	220.23
Tufts Health Plan Navigator (Closed to New Members)	20%	145.77	355.68
Tufts Health Plan Spirit	15%	82.99	199.79
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	25%	259.70	607.63
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	25%	247.95	580.38
UniCare State Indemnity Plan/Community Choice	20%	104.12	249.89
UniCare State Indemnity Plan/PLUS	20%	138.64	331.23

Retirees with Medicare

	Retiree Retiree Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan*	15%	50.42
Harvard Pilgrim Medicare Enhance	25%	105.76
Health New England MedPlus	15%	59.22
Tufts Health Plan Medicare Complement	15%	57.34
Tufts Health Plan Medicare Preferred*	15%	45.16
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	25%	95.16
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	25%	92.48

*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018.

Rates are calculated by the Town of Arlington Human Resources Department

**RATE QUESTIONS?
CALL: 781-316-3120**

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MONTHLY RATES AS OF JULY 1, 2017 FOR THE TOWN OF ARLINGTON ENROLLEES

Survivors without Medicare

	Survivor Pays Monthly %	Survivor Pays Monthly \$	Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	50%	277.32	665.60
Fallon Health Select Care (Closed to New Members)	50%	368.53	884.44
Harvard Pilgrim Independence Plan (Closed to New Members)	50%	412.11	1005.55
Harvard Pilgrim Primary Choice Plan	50%	310.35	757.26
Health New England	50%	274.07	679.49
NHP Prime (Neighborhood Health Plan)	50%	277.02	734.11
Tufts Health Plan Navigator (Closed to New Members)	50%	364.42	889.20
Tufts Health Plan Spirit	50%	276.63	665.96
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	519.40	1215.27
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	495.90	1160.76
UniCare State Indemnity Plan/Community Choice	50%	260.29	624.73
UniCare State Indemnity Plan/PLUS	50%	346.60	828.06

Survivors with Medicare

	Survivor Survivor Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan*	50%	168.08
Harvard Pilgrim Medicare Enhance	50%	211.52
Health New England MedPlus	50%	197.42
Tufts Health Plan Medicare Complement	50%	191.13
Tufts Health Plan Medicare Preferred*	50%	150.52
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	190.32
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	184.95

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GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2017
FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after* 12/1/11

Active Employees and Retirees without Medicare
(Includes Public Safety-Police/Fire)

	Employee and Non-Medicare Retiree Pays Monthly %	Employee and Non-Medicare Retiree Pays Monthly \$	Employee and Non-Medicare Retiree Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	25%	138.66	332.80
Fallon Health Select Care (Closed to New Members)	25%	184.26	442.22
Harvard Pilgrim Independence Plan (Closed to New Members)	25%	206.06	502.77
Harvard Pilgrim Primary Choice Plan	25%	155.17	378.63
Health New England	25%	137.04	339.74
NHP Prime (Neighborhood Health Plan)	25%	138.51	367.05
Tufts Health Plan Navigator (Closed to New Members)	25%	182.21	444.60
Tufts Health Plan Spirit	25%	138.32	332.98
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	259.70	607.63
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	247.95	580.38
UniCare State Indemnity Plan/Community Choice	25%	130.15	312.36
UniCare State Indemnity Plan/PLUS	25%	173.30	414.03

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